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FROM: CHARLES D. HOLLAND

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Number of pages with cover page:	<b>3</b>	<b>Originals Will Not Follow</b>
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**Comments:**

Atty Docket No: 47391-20001.00  
 Application Serial No.: 09/629,242  
 Filed: July 31, 2000  
 Patent No: 6,811,562 B1  
 Issued: November 2, 2004  
 Inventors: Benjamin D. PLESS  
 Art Unit: 3739  
 Examiner: H. Johnson  
 Title: PROCEDURES FOR PHOTODYNAMIC CARDIAC ABLATION  
 THERAPY AND DEVICES FOR THOSE PROCEDURES

**Enclosed are the following documents:**

1. Transmittal – 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address – 1 page

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PTO/SB/21 (04-07)

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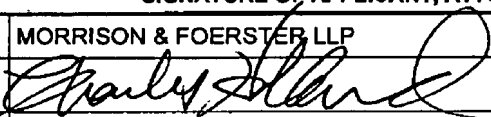
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<b>TRANSMITTAL FORM</b>		Application Number	Patent#: 6,811,562 B1
		Filing Date	Issued: November 2, 2004
		First Named Inventor	Benjamin D. PLESS
		Art Unit	3739
		Examiner Name	H. Johnson
(to be used for all correspondence after initial filing)		Attorney Docket Number	473912000100
Total Number of Pages in This Submission	2		

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MORRISON & FOERSTER LLP
Signature	
Printed name	Charles D. Holland
Date	June 8, 2007
Reg. No.	35,196

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300) to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA 22313-1140

Dated: June 8, 2007

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<b>REQUEST FOR WITHDRAWAL          AS ATTORNEY OR AGENT          AND CHANGE OF          CORRESPONDENCE ADDRESS</b>	Application Number	09/629,242
	Filing Date	July 31, 2000
	First Named Inventor	Benjamin D. PLESS
	Art Unit	3739
	Examiner Name	H. Johnson
	Attorney Docket Number	473912000100

To: Commissioner for Patents  
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 Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.  
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The reasons for this request are:

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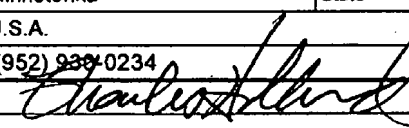
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**Chief Intellectual Property Counsel St. Jude Medical, Atrial Fibrillation Division, Inc.**

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Telephone	(952) 939-0234		Email		
Signature					
Name	Charles D. Holland		Registration No.	35,196	
Date	June 8, 2007		Telephone No.	(650) 813-5832	

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